		•	Application or Docket Number										
	PATENT A	1 10/110											
Effective October 1, 2003 / 0/177552													2
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OF	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			174					RATE		FEE	١.	RATE	FEE
FOR .			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC F	EE 38	35.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS .			19 () minus 20=		- 170		-	XS 9	= <	(7)	OR	X\$16=	1
INDEPENDENT CLAIMS			minus 3 =		. \$			X43= 215		18	OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM PR	RESENT						-145= 145		OR	-290=	
* If the difference in column 1 is less than zero, enter "0" in column 2									L 3.	12×	OR	TOTAL	
			• =	۔ اعدد	<u>X-1</u>	1	OTHER	THAN					
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENT	rity	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RAT	E TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	. 190	Minus	- /	90	= -		XS 9:	=		OR	XS18=	
MEN	Independent	· B	Minus	(9	=		X43=			OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDE				CLAIM		۱ ا	+145:	_		OR	+290=	
TOTAL												TOTAL ADDIT, FEE	
ADDIT. FEE													
		(Column 1) CLAIMS		HIĞH	EST] [Al	DDI-			ADDI-
AMENDMENT B		REMAINING AFTER		PREVIO	OUSLY	PRESENT EXTRA		RATE	TIC	ONAL		RATE	TIONAL
		AMENDMENT		PAID	FOR		} }	 -		EE			FEE
Š	.Total	•	Minus	**		2		X\$ 9=	<u> </u>		OR	X\$18=	
ME	Incependent		Minus	***		=		X43=	· _		OR	X86±	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C					L	<u>ا</u> ا	+145=	_		OR	+290=	
									AL FF		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	-	ADDIT. FI	<u> </u>		•	,	
[.,	`	CLAIMS		HIGH	EST	PRESENT	1		A	ODI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA		RATE		NAL EE		RATE	TIONAL FEE
	Total	•	Minus	••		.		X\$ 9=			OR	X\$19=	
ME	Ind p ndent	•	Minus	***		=		X43=			OR	X86±	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	-	Un		
+145= OR											+290=	į	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE OR THIS SPACE IS LESS THAN 3, ENTER "3."											OR	TOTAL ADDIT, FEE	
-	If the 'Highest Nu	mber Previously Pa iber Previously Pal	aid For! IN THI	S SPACE I	is less tha	ın 3, enter "3."				riate box	t In Co	lumn 1.	-
	· · · · · · · · · · · · · · · · · · ·				•			•	•	•			